



NEWS FROM THE MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES DIVISION

Wyoming Department of Health



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OUTSIDE MY COMFORT ZONE

By Rodger McDaniel—Retired

Since leaving the Division, I just haven't been myself! I am currently pretending to be Orson Welles in a Cheyenne Little Theater play, *War of the Worlds*. Before that I spent a week at the Colorado Rockies Fantasy camp playing baseball with a lot of other over the hill guys. But the most interesting out of body experience I had in the last month was the week I spent as a homeless person living on the streets in Cheyenne.

My last day of work at the Division was January 10th. I left my office that afternoon and walked to COMEA, the Cheyenne homeless shelter, and checked in. I had made previous arrangements with the director to make sure I was not taking up a bed a homeless person needed. However, no one

else knew I was anything but homeless.

I don't claim the experience made me an expert, but it did give me a limited sense of what homelessness is about. During the week I met a number of people, all of whom had a different reason or circumstance that brought them to the shelter. As I talked to them and heard their stories, it occurred to me the question was not so much why they were there, but why I was not homeless.

Among the reasons I am not homeless is that I have had the good fortune not to suffer from mental illness, not to have been in foster care or the juvenile justice system, not to have been a

victim of domestic violence or child abuse, and not to have been a veteran. All of those experiences heighten the likelihood of a person becoming homeless.

So if you want to end homelessness, you have to start a lot further upstream than the shelter.



LESSONS LEARNED MH/SA CONTRACT OVERSIGHT UPDATE

By Sylvia Bagdonas and Mindy Dahl Chai, Ph.D.

The MHSASD enhanced the treatment contract oversight process beginning with FY11 Community Mental Health and Substance Abuse (CMHSA) contracts. This process provides improved technical assistance, systematic tracking of deliverables, and ensures timely completion of required federal and state reports. Contract tracking is one of several quality management and evaluation processes utilized by the Division. A few of the lessons learned this year are summarized below.

1. Regional service delivery planning is moving forward successfully. Quarterly conference calls reveal the complexity of providing a comprehensive array of services for clients within multi-county areas and the commitment of providers to utilize problem solving and sharing of resources so that clients receive timely and

appropriate services.

2. Tracking priority population service provision reveals that vulnerable citizens in need of mental health and substance abuse services (children, teens, elderly and priority populations) may face barriers in seeking treatment.

- A) Some consistent issues for these clients include waiting in interim service status, lack of sufficiently trained staff for specific treatment needs, lack of housing, geographic barriers for transportation, and lack of sufficient finances for clients to meet basic survival needs or to successfully cope with life's challenges in addition to working on specific recovery issues.

3. Providers demonstrate extensive partnerships with community level allied agency personnel.

4. Early intervention services are successfully implemented in many areas but face barriers in others such as in areas where children's mental health and substance abuse needs are not addressed effectively (e.g., due to lack of specialized staff, etc.)

6. Recovery focused housing opportunities have expanded statewide but additional transitional living arrangements are needed.

7. The co-occurring population—persons with substance use disorder and mental illness—need more residential treatment options.

10. CMHSA providers remain interested in the use of technology (e.g., telehealth, e-therapy, etc.) as part of the service provision options.

ON ACCOUNTABILITY: FROM “BASIC” TO “EXPERT” ONE STEP AT A TIME

by Mindy Dahl Chai, Ph.D.

In the fall of 2010, the Division received technical assistance from the Substance Abuse and Mental Health Services Administration (SAMHSA) related to Utilization Management (UM).

Broadly speaking, UM refers to the effective and efficient management of treatment resources and client services to achieve optimal results. UM processes and reports are conducted at several levels, including those of the individual client, clinicians, programs, provider organizations, networks, and statewide systems. Monitoring of UM-related efforts at both the state and local levels is required according to federal block grant standards and Wyoming statute. Moreover UM is

an essential action for the development and maintenance of quality treatment services. Monitoring of UM metrics leads to enhanced accountability for mental health and substance abuse treatment dollars spent in Wyoming.

Alongside this technical assistance review, a recent federal site visit report ranked Wyoming “provider capacity to implement performance management” on a scale that ranged from Basic to Expert. Wyoming's provider system currently ranks in the Basic/Intermediate category. With the goal of improving this ranking in mind, the Division is in the process of conducting a needs assessment to determine individual provider ability

to participate in a variety of performance management activities via the SFY12 treatment applications. This process will continue with provider/Division discussions throughout the next year and beyond. These conversations will inform how we will cooperatively produce reports of utilization-based metrics on a quarterly basis and may also provide discussion points for regular provider site visits. The development and monitoring of provider- and state-level UM planning is an important step in the efforts to continuously improve the quality of mental health and substance abuse treatment services delivered in Wyoming.

INTERNET BASED THERAPY PILOTED IN WYOMING

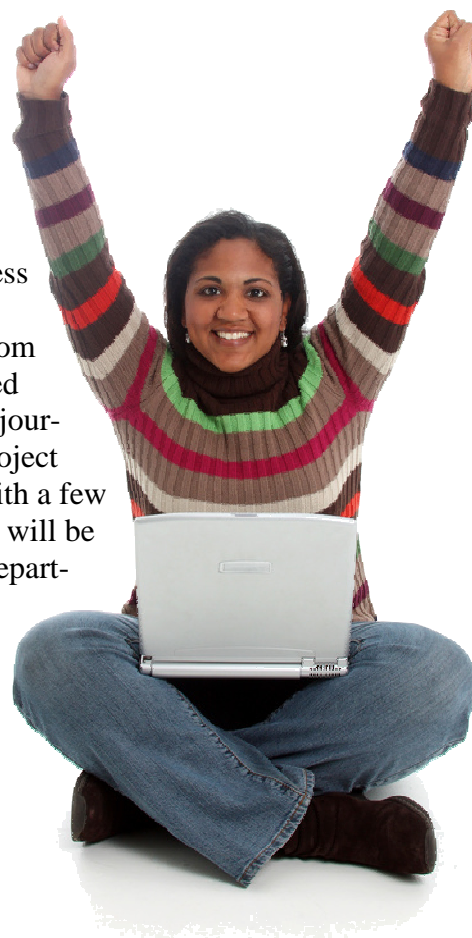
By Jay Ostrowski

The Wyoming Department of Health is embarking on an 18 month pilot program to assess the efficacy of using computer and internet-based technology in the delivery of behavioral health treatment in rural areas. The program is a multi-layered approach to behavioral healthcare using a secure online platform to provide easier and more frequent access to care, more treatment options and less stigma in accessing counseling services across the state.

The E-Therapy Pilot Project builds upon several research studies that have proven the effectiveness of online counseling with various populations. The initiative is one way to provide access to psychological care in Wyoming's remote areas. While smaller online counseling initiatives have seen success in other states, this will be the first internet therapy

program in the U.S. that can provide behavioral healthcare to an entire state.

Through this program, clients will be able to exchange private messages with their counselor from home, using secure online venues. They'll be able access treatment videos and book-marked reading materials from their counselor, take assigned assessments, keep a private journal online and more. The project will launch in late Spring with a few pilot counseling centers and will be paid for by the Wyoming Department of Health. Updates to the program will be posted at www.wyocounseling.com.

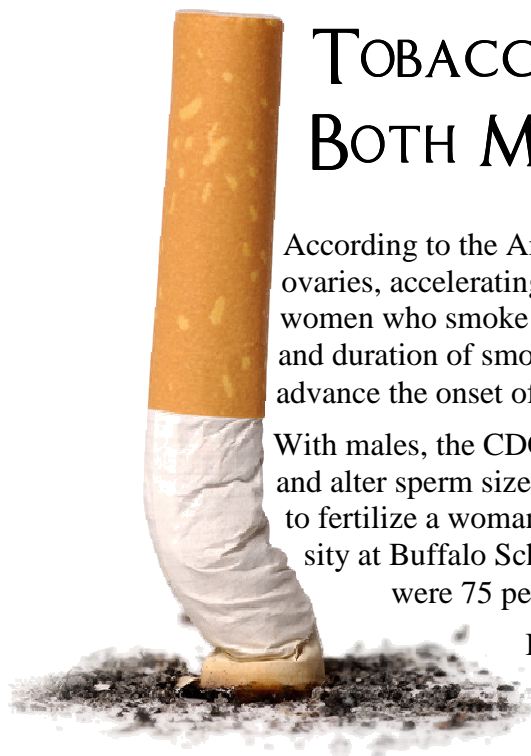


TOBACCO AFFECTS FERTILITY IN BOTH MALES AND FEMALES

According to the American Society for Reproductive Medicine, smoking may harm women's ovaries, accelerating the loss of eggs and interfering with the production of estrogen. Eggs in women who smoke are also more prone to genetic abnormalities. Depending on the frequency and duration of smoking, smoking can contribute to the loss of reproductive function and may advance the onset of menopause by several years.

With males, the CDC claims, smoking can lower sperm density, decrease volume of ejaculate and alter sperm size and shape. Smoking can also have a dramatic effect on the ability of sperm to fertilize a woman's eggs, according to a 2005 study done by researchers at the State University at Buffalo School of Medicine. The researchers found that sperm from chronic smokers were 75 percent less fertile than sperm from nonsmokers.

If you would like more information on how to stop smoking and financial assistance with tobacco cessation medications; please contact wy.quitnet.com or call **1-800-QUIT-NOW**.



QUALITY OF LIFE FUNDS UPDATE

By Shawna Pena

In September 2010, the Mental Health and Substance Abuse Services Division (the Division) issued an article, "What are Quality of Life Funds?" The purpose of this second article is to respond to comments received by the Division.

Quality of Life (QOL) funds are intended for non-clinical supports for persons with substance abuse or mental health diagnosis. Non-clinical supports include things like transportation to treatment resources and mental health respite. The Chris S. lawsuit states that the Wyoming Department of Health will pursue the continuation of QOL funds and request increase in funds as services and cost increase. Some of the currently available funds are a result of Senate File 76 passed in the 2007 Legislative Session. Most of the QOL funds are contracted to Community Mental Health and Substance Abuse Centers (CMHSAC) in which they received \$2,265,367. Additional QOL funds are set aside for persons not served through CMHSACs. These additional funds are distributed statewide and total \$283,188.

The table below shows the total amount of funds each Community Mental Health and Substance Abuse Center has available for Quality of Life dollars for the time period 7/1/2010- 6/30/2011. These funds are

intended to help clients with non-clinical supports.

An annual statewide consumer survey was conducted during the fall and winter of 2010. The Division received the following types of comments related to Quality of Life funds.

Comment:

The state took away our respite money.

Response:

CMHSACs may still use Quality of Life funds for respite services. Some agencies have chosen not to use the funds for that specific support service.

Comment:

How can funds be provided to help with transportation costs? I must travel an hour to my counselor and there are six to eight appointments each month. The transportation costs are more than my appointment and medication co-pay.

Response:

CMHSACs can utilize Quality of Life funds to reimburse for gas or assist in finding other transportation. Please contact your local CMHSAC.

Comment:

How can there be more funding to help me, the patient, from time to

time? I was only helped once with Quality of Life funds and was told I can't get anymore help with certain things with QOL funds anymore.

Response:

Each CMHSAC has policy and procedures (rules) that explain their use of Quality of Life funds. You can ask to see the policy and discuss it with your treatment provider.

Comment:

How can we get more money for things that help people in a broader way?

Response:

Quality of life funds are to assist clients with non-clinical supports such as **Emergency Subsistence, Prescription Medication, Health and Medical Supports, Housing, Transportation, Recreation and Socialization, and Respite Care.** The requests must go through your counselor and be directly related to your treatment plan.

For more information contact Shawn Kautzman-Pena, Children's Mental Health Coordinator, at 1-800-535-4006 or via email at shawna.pena@health.wyo.gov.

To learn more about Quality of Life funds for persons not served through CMHSACs, visit <http://www.upliftwy.org/qualityLife.html>.

2 FREE
RESOURCES
FROM THE
WDH



... supporting healthy communities across Wyoming ...

Free Resources for teachers, parents, mental health providers, group leaders, school counselors, children and youth workers.

WyoCARE is a prevention, education and treatment oriented program coordinated through the Counselor Education Department at the University of Wyoming.

www.wyocare.org or www.wyocare.com

We are funded by grants from the Wyoming Department of Health, Mental Health & Substance Abuse Services Division and the Wyoming Attorney General's Office, Division of Victim Services

TITLE 25 MENTAL HEALTH ASSESSMENT SUMMARY REPORT

JULY 1, 2009 –DECEMBER 31, 2010

By Carol Day, M.P.A.

Background

Title 25, Chapter 10 of Wyoming Statute allows the detention and involuntary hospitalization of a person with mental illness who is a danger to themselves or others. After the initial detention, a preliminary examination must be conducted within 24 hours to determine if the person detained is mentally ill and a danger to themselves or others. In an effort to gather information about preliminary examinations, the Wyoming Department of Health began collecting data on preliminary mental health assessments in July of 2009.

Examiners in eleven counties voluntarily submit data on each mental health assessment conducted. Counties represented in this report are: Albany, Campbell, Carbon, Converse, Goshen, Hot Springs, Laramie, Lincoln, Park, Sublette, and Uinta. During most of the reporting period, preliminary examinations in Albany and Laramie Counties were conducted by more than one agency. Data shown here from those two counties reflects assessments conducted by Peak Wellness Center. Agencies or individuals reporting for the nine other counties conduct the majority, if not all, of the mental health assessments occurring in those counties.

Data Summary

- 1,276 Title 25 mental health assessments were reported in the eleven counties during the 18 month period.
- ◊ The number of assessments increased about 17% between July -Dec, 2009 and July-Dec, 2010.
- ◊ Based on July 1, 2009 population estimates, Uinta, Park, and Converse Counties have the highest rate per 10,000 population of mental health assessments (147, 95, and 94 respectively) with

Goshen and Campbell Counties the lowest (29 and 15 per 10,000 population).

- ◊ Using the information provided by nine counties (Albany and Laramie were excluded due to partial reporting), we can estimate the data for the entire state. Approximately 3,585 preliminary mental health assessments were conducted statewide during the 18 month reporting period.
- ◊ The majority (82% or 1044) of mental health assessments were conducted by masters' level mental health therapists.
- ◊ The average time from the arrival of the examiner to resolution of the crisis call was about two hours.
- ◊ 56% (713) of all assessments were conducted in the emergency room of a hospital or in another hospital unit; 14% (175) were conducted in jail and 12% (154) were conducted in a community mental health center facility.
- ◊ 53% (672) of persons assessed were previously unknown by the agency conducting the evaluation; 47% (604) of persons assessed were current or former clients.
- ◊ 25% (314) of the 1276 persons assessed were involved with alcohol and/or drugs.
- ◊ 534 or 42% of the 1276 persons assessed, continued to be detained after the mental health

assessment was conducted.

- The number of continued detentions increased by 13% between July – Dec 2009 and July – Dec 2010.
- ◊ Park and Converse Counties had the highest rate of continued detentions (40 and 39 per 10,000 population) and Lincoln and Campbell Counties the lowest (14 and 6 per 10,000 population).
- ◊ A statewide estimate of the number of persons who continued to be detained after the mental health assessment is 1188.
- ◊ Of the 534 persons who continued to be detained after the mental health assessment:
 - 64% (342) were held in a psychiatric hospital or hospital with a designed psychiatric unit.
 - 20% (107) were held in a community hospital.
 - 13% (69) were held in a jail setting. The existence of pending legal charges is unknown.
 - 33% (176) of persons who continued to be detained after the mental health assessment were involved with alcohol and/or drugs.

For more information please contact Carol Day, Facility and Community Service Systems Coordinator, Wyoming Department of Health, 307-777-7110,

carol.day3@health.wyo.gov.





June 14th-17th, 2011
Little America Hotel & Resort
Cheyenne, WY

2011 Children's Justice and Mental Health Conference
& the Starfish Awards Luncheon

Theme: Well-Being, Family Voice, and Children's Choice

SAVE THE DATE - FOR QUESTIONS AND TO REGISTER, PLEASE VISIT:
<http://gal.state.wy.us> and click on "annual conference"
or <http://www.courts.state.wy.us/CJP>

*Registration will be open from February 28 to May 13, 2011.

June 14-17. 2011

This year marks the first year the Annual Children's Justice Conference, the Annual Children's Mental Health Conference and the Annual Starfish Awards Banquet have joined hands to present the first ever 2011 Children's Justice & Mental Health Conference.

This partnership will provide ongoing collaboration between agencies benefiting the multidisciplinary aspects of the work we do, while also leaving time for community stakeholders to gain knowledge from individualized training and business meetings.

This conference is sponsored by the Wyoming Supreme Court Children's Justice Project, the Wyoming Guardians Ad Litem Program, the Wyoming Department of Health, and the Wyoming Department of Family Services.

The annual Starfish Thrower Awards will be held during this conference on Thursday, June 16, from 12:20 to 1:45 p.m.

May 3-5, 2011

This conference is focused on providing information, education, and networking opportunities to the healthcare providers of Wyoming. There are many programs and efforts dedicated to serving the aging, or those with mental health/substance abuse issues, or those with developmental disabilities.

The first goal of this conference is to provide information in all three areas of discipline as freestanding fields. The second conference goal is to join the three fields together to serve one commonality – the person. Many people experience the concurring issues and problems associated with aging, mental health issues, and developmental disabilities. The conference will offer access to the present and future programs, services, and ideas needed to make sure Wyoming is "Powering Toward the Future."



Save the Date

Wyoming United for Aging & Disabilities Conference
Powering Toward the Future

May 3-5, 2011
Little America - Cheyenne, WY

This is a **not to miss** conference covering a variety of topics pertaining to Aging, Disabilities and Mental Health. More information coming soon.

The Aging Division,
Mental Health and Substance Abuse Services Division,
Developmental Disabilities Division and AARP

OTHER UPCOMING EVENTS

March 30-31: 4th Annual Wyoming Higher Education Mental Health and Substance Abuse Summit, Laramie

April 27-28: 8th Annual Wyoming Methamphetamine and Substance Abuse Conference, Casper

April 29-30: Annual NAMI Wyoming Conference, Casper

June 15-17: 2011 Wyoming Peer Specialist Training, "Whole Health and Resiliency," Cheyenne

August 26-28: People First of Wyoming Annual Conference, Lander

October 1: NAMI Walks Wyoming, Casper

October 6-7: Mega Conference, Laramie

TBD: 13th Annual WY-SAGE Conference

For more information on upcoming events and conferences, please go to

<http://www.health.wyo.gov/mhsa/education/traininghome.html>